Preventing Injuries to Hotel and Restaurant Workers

Focus Report

WorkSafe

WORKERS' COMPENSATION BOARD

105-05693/

ABOUT THE WCB

Preventing on-the-job injury and disease is the first priority of the Workers' Compensation Board (WCB) of British Columbia. WCB officers inspect worksites in B.C. to make sure they comply with the Occupational Health and Safety Regulation, which sets out minimum workplace standards for health and safety. The WCB also investigates serious workplace accidents and consults with employers, supervisors, and workers to promote health and safety in the workplace.

Under the requirements of the *Workers Compensation Act*, a worker must report an injury or a disabling occupational disease as soon as possible to the employer. The employer must report work-related injuries, occupational diseases, and work-related deaths to the WCB within three days. A worker may not make an agreement with the employer to give up WCB benefits.

If a worker suffers a work-related injury or illness, the WCB provides fair compensation that may include medical costs, loss of earnings, physical rehabilitation, and pensions. The WCB also works with employers to help injured workers return to work. If a worker is killed on the job, counselling and financial help are made available to the victim's family. For more information on requirements or eligibility for WCB coverage, contact the WCB office nearest you.

WCB PREVENTION INFORMATION LINE

The WCB Prevention Information Line can answer your questions about workplace health and safety, worker and employer responsibilities, and reporting a workplace accident or incident. The Prevention Information Line accepts anonymous calls.

Phone 604 276-3100 in the Lower Mainland, or call 1 888 621-7233 (621-SAFE) toll-free in British Columbia.

To report after-hours and weekend accidents and emergencies, call 604 273-7711 in the Lower Mainland, or call 1 866 922-4357 (WCB-HELP) toll-free in British Columbia.

FOCUS

REPORT

WORKERS' COMPENSATION BOARD OF BRITISH COLUMBIA

ACKNOWLEDGMENTS

This report would not have been possible without the generous assistance of people and organizations in the hotel and restaurant industries. The Workers' Compensation Board of B.C. thanks the following organizations and their representatives who were part of a working group formed to prepare this report:

- British Columbia & Yukon Hotels' Association
- Hotel, Restaurant, & Culinary Employees & Bar Tenders Union Local 40
- Windjammer Hotel

The WCB also gratefully acknowledges the many other individuals and organizations who reviewed and gave input on the draft. To all those who participated in this project, our many thanks.

© 1998, 2001 Workers' Compensation Board of British Columbia. All rights reserved. The Workers' Compensation Board of B.C. encourages the copying, reproduction, and distribution of this document to promote health and safety in the workplace, provided that the Workers' Compensation Board of B.C. is acknowledged. However, no part of this publication may be copied, reproduced, or distributed for profit or other commercial enterprise, nor may any part be incorporated into any other publication, without written permission of the Workers' Compensation Board of B.C.

National Library of Canada Cataloguing in Publication Data
Main entry under title:
Preventing injuries to hotel and restaurant workers, focus report. -- [1998] -

Irregular.
ISSN 1499-0229 = Preventing injuries to hotel and restaurant workers, focus report

1. Hotels – Employees – Health and hygiene – British Columbia. 2. Restaurants – Employees – Health and hygiene – British Columbia. 3. Industrial accidents -- British Columbia. 4. Industrial safety – British Columbia. 5. Industrial hygiene -- British Columbia. I. Workers' Compensation Board of British Columbia.

HD7269.H8P73 363.11'964794711 C98-960225-7

CONTENTS

Introduction 1
About this report 3

1. Industry Basics 5
Importance of hotels and restaurants to the quality of life 7
Injury rates 9
Fatalities in the hotel and restaurant industries 9
Exposure to HIV/AIDS, and hepatitis B and C a concern for workers 9

2. Hotel industry: Types of accidents 11
Introduction 13
Overexertion 14
Struck-by accidents 15
Falls on the same level 16
Falls from elevation 17
Acts of violence and force 18

3. Restaurant industry: Types of accidents 19
Introduction 21
Struck-by accidents 22
Falls on the same level 23
Burns and scalds 24
Overexertion 25
Acts of violence and force 26

4. Preventing accidents in hotels and restaurants 27
Introduction 29
Safety tips for preventing common accidents 30
Young worker focus 34
Preventing overexertion accidents 36
Preventing exposure to HIV/AIDS, and hepatitis B and C at work 38

5. Overview of a Health and Safety Program 45
Introduction 47
What are the key contents of a health and safety program? 47
What are the main elements of a health and safety program? 48
Guideline for a health and safety program for small businesses 50
Violence prevention program overview 52

6. Resources 55
WCB resources 57
Employers' advisers 58
Workers' advisers 58
WCB offices 59

INTRODUCTION

About this report

About 8,900 workers in the hotel and restaurant industries are injured on the job every year in British Columbia. More than half of these workers have to take time off work because of their injuries. The types of injuries range from severe cuts, burns, and scalds to strains, sprains, and broken bones. Some hotel and restaurant workers have even been killed on the job.

This report provides employers, supervisors, workers, and health and safety personnel in hotels and restaurants with information on accidents in these industries and how to prevent them.

- Part 1 describes how the hotel and restaurant industries contribute to the provincial economy. It also provides an overview of injury rates.
- Parts 2 and 3 contain information on how often the most common accidents occur in the hotel and restaurant industries, the sources of these accidents, and the occupations most affected. Part 2 covers the hotel industry. Part 3 covers the restaurant industry.
- Part 4 contains information on how to prevent common accidents. It provides safety tips on cuts, knives, slips and falls, floors, stairways, storage areas, ladders, and burns and scalds. Part 4 also provides information on young workers, overexertion injuries, and preventing exposure to HIV/AIDS, and hepatitis B and C.

- Part 5 contains an overview of a health and safety program (including a guideline for small businesses) and an overview of a violence prevention program.
- Part 6 provides information on how to obtain WCB assistance, information, courses, publications, and videos.

Hotels and restaurants part of WorkSafe plan

Several industries account for a high percentage of the injury and disease claims accepted by the Workers' Compensation Board (WCB). The Prevention Division of the WCB has implemented a strategic plan — known as WorkSafe — to reduce injuries and accidents in these industries. Hotels and restaurants are included in the WorkSafe plan.

Notes on sources and statistics

The information on employment in the hotel and restaurant industries was provided in 1997 by Statistics Canada from its Labour Force Survey. Please note that the figures on employment are based on Statistics Canada's accommodation and food services industry classification, which may be slightly different from the WCB's hotel and restaurant classification groups.

Information on the gross domestic product of the hotel and restaurant industries in British Columbia is from *System of National Accounts: Aggregate Productivity Measure*, Statistics Canada, 1996.

Information on the future of the hotel and restaurant industries in British Columbia is from *Overview of the Service Sector — Accommodation and Food Services, Economy Guide*, Human Resources Development Canada, 1996.

Information on young workers is from the WCB's *Protecting Young Workers: Focus Report*. Portions of that report were adapted from *Protecting Working Teens*, a publication of the Children's Safety Network National Injury and Violence Prevention Resource Center, Education Development Center, Inc. and the Occupational Health Surveillance Program of the Massachusetts Department of Public Health, 1995.

What groups are included in the statistics

Unless otherwise noted, the statistics in this report are based on the claims experience of firms registered under the following WCB classification groups:

Restaurants

- 627009 — restaurants and permanently located food concessions

Hotels

- 62700 — hotels
- 62703 — auto courts, campgrounds, motels, resort cabins, trailer courts, and other tourist resorts

Some premises register in different classifications. The restaurant and hotel classification groups listed above do *not* include:

- Bed and breakfasts, lodging houses, rooming houses, and social service and health facilities with overnight accommodation
- Discothèques
- Licensed public houses and lounges if they are operated by a separate company than the one that operates the hotel they are located in
- Catering
- Cafeterias and restaurants run by universities, schools, and other institutions

Statistics for the hotel and restaurant industries are presented in separate parts of the report. However, there is some overlap in the statistics. For example, the statistics presented on hotels include the experience of restaurants *registered under the hotel classification*. However, a *tenant* who operates a restaurant in a hotel registers separately with the WCB under the restaurant classification group.

Although the statistics presented in this report do not reflect the claims experience of all premises that provide food services and lodging, the information in the report — particularly the prevention information in Parts 4 and 5 — will help all employers and workers at these worksites improve health and safety.

INDUSTRY

BASICS

Importance of hotels and restaurants to the quality of life

The province's natural beauty is not the only reason tourists visit British Columbia. Many are attracted by its hotels and restaurants. Tourists, travellers, and residents alike visit hotels and restaurants for rest, leisure, convenience, and recreation. They rely on them for safety and comfort on vacations and business trips.

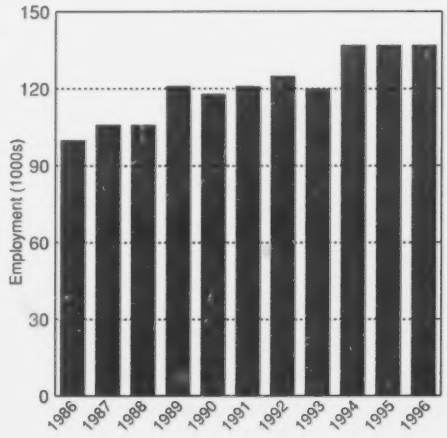
How the hotel and restaurant industries participate in the economy

The hotel and restaurant industries are an integral part of the province's economy. From 1986 to 1996, employment in hotels and restaurants grew over one-third, from 100,000 people in 1986 to 137,000 in 1996. The number of people employed in these industries in 1996 was approximately 7.6 percent of the work force. This is predicted to reach as high as 9.6 percent of the total B.C. work force by the year 2005.

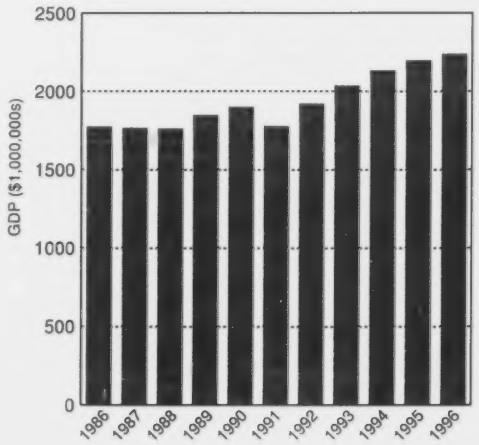
The value of the goods and services produced by the hotel and restaurant industries — their gross domestic product (GDP) — also increased from 1986 to 1996. These industries contributed $2.2 billion to the B.C. economy in 1996.

Furthermore, the demand for hotel rooms leads to the construction of new hotels, generating work for the construction industry. Growth in tourism, in turn, increases the demand for transportation and communications.

Hotel and restaurant industries employment in B.C. by year, 1986–96 (in thousands)



Hotel and restaurant industries gross domestic product (GDP) by year, 1986–96 (in millions of dollars)

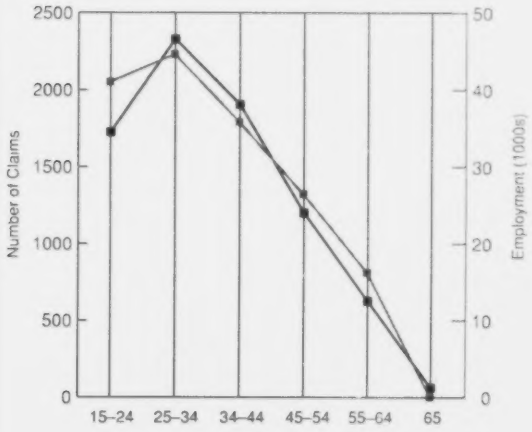


The work force

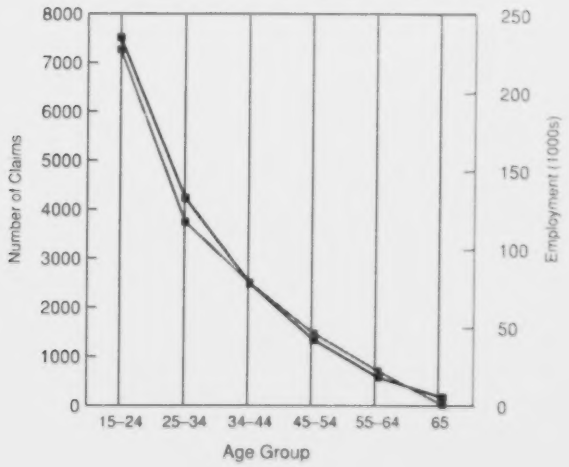
The hotel and restaurant industries employ a large number of young workers. This probably reflects the seasonal and part-time nature of staffing needs in these industries. They require more employees during the summer and weekends — times when young people are typically available to work.

Workers of all ages are at risk of being seriously injured on the job in the hotel and restaurant industries, but the large number of young people employed in them highlights the importance of understanding the special concerns with working youth. Part 4 of this report presents information on what can be done to make work safer for young workers.

Hotel industry: Employment and number of claims by age, 1992–96



Restaurant industry: Employment and number of claims by age, 1992–96



Injury rates

Though patrons associate them with comfort and enjoyment, hotels and restaurants are worksites, with real hazards and accidents.

In 1996, hotels and restaurants accounted for about 6.3 percent of all time-loss claims accepted by the WCB. A time-loss claim is a claim for time lost due to an injury that results in a short-term disability, a long-term disability, or a fatality. From 1992 to 1996:

- 24,696 time-loss claims were accepted
- 616,674 days were lost from work due to workplace accidents
- 10 claims were accepted for fatalities

Injury rates in the hotel and restaurant industries declined from four short-term disability claims per 100 person-years of employment in 1992, to three in 1996 — a drop of 25 percent. (Short-term disability claims are claims where a payment has been made for lost income.) Since most of these injuries are preventable, injury rates are still higher than could be achieved. The WCB is working with employers and workers to continue this decline.

Following are the costs the WCB paid out for claims in the hotel and restaurant industries from 1992 to 1996:

- Health-care benefits — $15.2 million.
- Rehabilitation costs — $2.6 million.
- Other costs — about $41 million. (These include wage loss and miscellaneous costs such as replacement glasses.)

The total costs the WCB paid out for claims in this five-year period were $58.8 million.

The costs listed previously do not include other costs of workplace accidents and disease borne by employers, such as the costs of hiring replacement workers, overtime, and retraining. The pain, suffering, and disability experienced by workers as a result of workplace accidents are of even greater importance than the financial costs.

Fatalities in the hotel and restaurant industries

We tend to associate logging and construction — not hotels and restaurants — with workplace fatalities. But the table on the next page shows that 12 fatal claims in the hotel and restaurant industries were accepted by the WCB from 1992 to 1997. Of the 12 fatalities, 4 involved violent incidents.

Exposure to HIV/AIDS, and hepatitis B and C a concern for workers

Hotel and restaurant workers occasionally find used needles and other items at work that could be contaminated with blood and body fluids infected with the viruses that cause HIV/AIDS, and hepatitis B and C. These items have been found between bedsheets, under beds, in garbage containers, and hidden in washrooms.

A restaurant worker was cleaning the washroom. When emptying the garbage can, the worker was poked with a discarded needle.

From 1992 to 1996 there were four reported needlestick injuries in the hotel industry and four in the restaurant industry.

It's possible to become infected with a single exposure incident to infected blood and certain body fluids. The health effects of HIV/AIDS and hepatitis B and C are serious. For these reasons, Part 4 of this report contains information that will help you develop some basic safe work practices to prevent harmful contact with blood and certain body fluids.

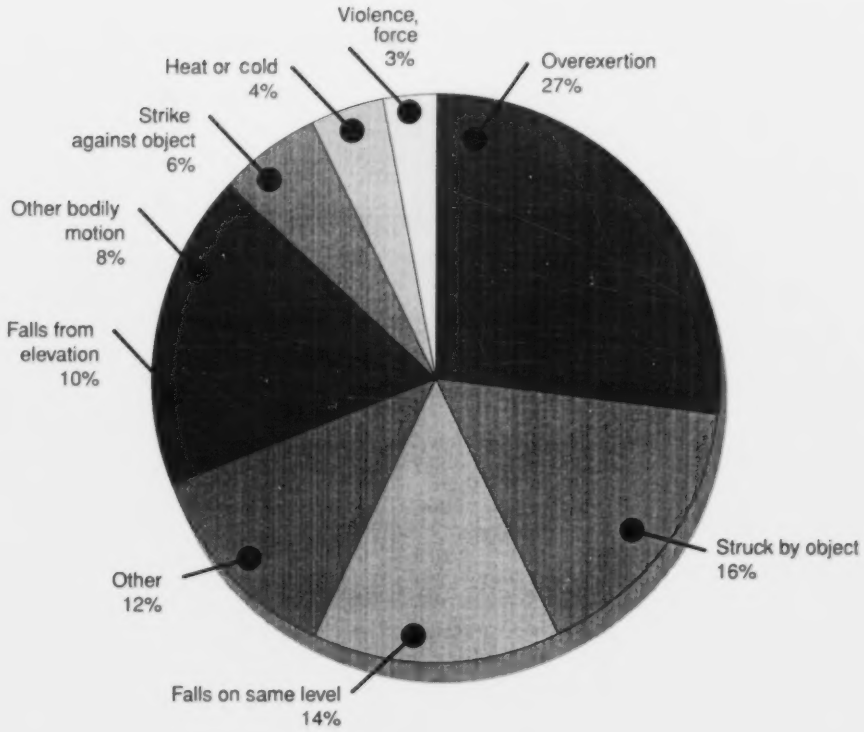
*Fatality summaries: Hotel and restaurant industries**

DATE OF ACCIDENT	TIME	AGE	OCCUPATION	SUMMARY	INJURY
Apr 1991	20:30	45	Owner	The owner was hit by a truck in a parking garage while delivering food to a customer.	Massive brain injury
Oct 1991	07:30	18	Waitress	The waitress died from smoke inhalation when the trailer she was sleeping in burned to the ground.	Smoke inhalation
May 1992	01:00	28	Delivery driver	The pizza delivery driver was involved in a motor vehicle accident.	Head injury
May 1993	23:41	58	Owner	The owner was in the process of closing his restaurant when three masked robbers broke in. He was stabbed in his left chest during the struggle.	Penetrating injury to the heart
Sept 1993	16:00	30	Tractor operator	The worker was grading a ski run on a grade of 58% to 62%. The machine turned sideways and rolled 8 to 10 times, coming to rest on its tracks.	Massive brain injuries and skull fracture
Nov 1994	18:31	33	Blaster/avalanche control person	The worker was working in a known avalanche hazard area when an avalanche occurred. He was buried in the snow slide.	Suffocation
Feb 1995	Unknown	36	Caretaker	The fishing lodge caretaker was caught in a storm while returning from picking up supplies.	Hypothermia
Apr 1995	Unknown	59	Rancher	The rancher was involved in a motor vehicle accident.	Multiple injuries
Jul 1995	22:30	46	Waitress	A waitress witnessed a stabbing at work. While she was attempting to get help for the victim, the attacker stabbed her numerous times.	Multiple injuries
Jul 1995	22:30	37	Owner	An employee stabbed the owner with a kitchen knife when the restaurant owner confronted him with a theft allegation shortly after work.	Multiple injuries
May 1996	04:00	41	Night audit trainee	The worker was shot in the head during an armed robbery.	Head injury
Jan 1997	15:20	24	Guide	The worker was buried in an avalanche while heli-skiing.	Asphyxia

*Note: Hotel classificaiton includes tourist resorts

HOTEL INDUSTRY: TYPES OF ACCIDENTS

Hotel industry:
Claims by type of accident,
1992–96



Introduction

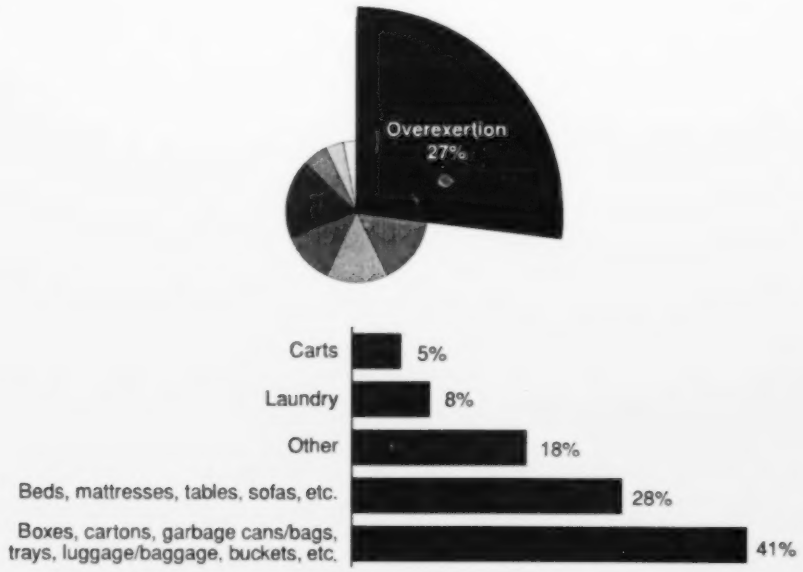
This part of the report provides more detail on the **hotel** industry. It includes:

- Sources of accidents
- Occupations with the most claims

Here are the four most common types of accidents that resulted in time-loss claims in the hotel industry from 1992 to 1996:

1. Overexertion — 27 percent of time-loss claims. These are injuries resulting from the application of force to an object or person — such as lifting, pushing, pulling, and carrying.
2. Being struck by an object — 16 percent. With this type of accident, the worker is injured by a moving object such as equipment and tools.
3. Falls on the same level — 14 percent (for example, slips).
4. Falls from elevations — 10 percent.

Hotel industry:
Claims from overexertion accidents, 1992–96



While lifting a tank of pop weighing 23 kg (about 50 lb.), a worker felt her back snap. This accident resulted in a strain to the worker's lower back.

A housekeeper strained her lower back while leaning over and pushing a queen-sized mattress with her left knee.

A housekeeper felt pain in her lower back while repeatedly bending over to pick up laundry from the floor.

Overexertion

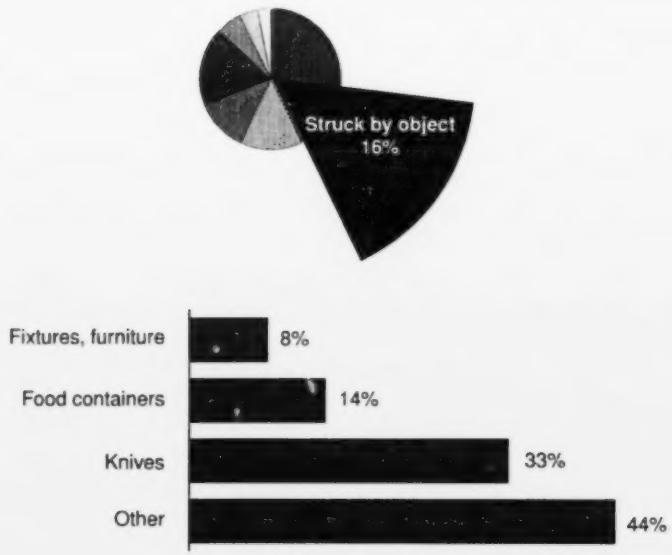
Overexertion accidents accounted for 27 percent of all claims accepted from 1992 to 1996. The following is a breakdown of overexertion accidents by the type of object handled:

- Handling containers accounted for 41 percent. Boxes, cartons, garbage cans or bags, trays, luggage or baggage, and buckets are examples of common containers.
- Moving fixtures and furniture (for example, beds, mattresses, tables, and sofas) contributed to 28 percent of these accidents.
- Handling laundry was responsible for 8 percent.
- Handling carts or grocery buggies contributed to 5 percent.

The **occupations** with the most overexertion accidents were:

- Room attendants — 39 percent
- Wait staff — 10 percent
- Kitchen helpers and laundry workers — 9 percent
- Chefs and cooks — 8 percent

Hotel industry:
Claims from struck-by accidents,
1992–96



When a restaurant worker tried to move a large, round table from the storage room, a stack of seven tables fell on him, injuring his right shoulder.

A folded bed fell from the wall and struck a housekeeper. She suffered right shoulder and back soft-tissue injuries.

Struck-by accidents

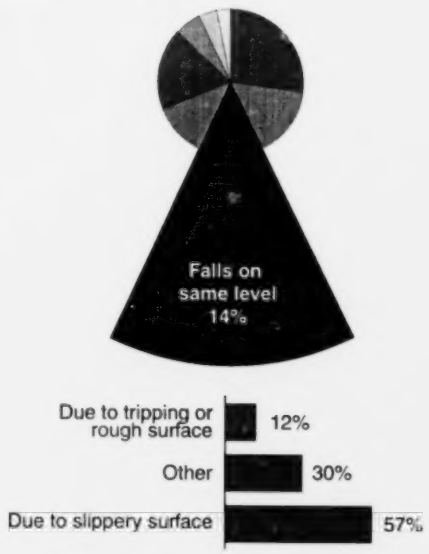
Being struck by an object or equipment caused 16 percent of all time-loss claims from 1992 to 1996 in the hotel industry. The types of equipment most often involved in these accidents were:

- Knives — 33 percent
- Food containers (for example, dishes, bowls, bottles, jars) — 14 percent
- Furniture (for example, tables, chairs, beds) — 8 percent

The **occupations** with the most struck-by accidents were:

- Chefs and cooks — 28 percent
- Room attendants — 17 percent
- Kitchen helpers and laundry workers — 16 percent
- Wait staff — 10 percent

Hotel industry:
Claims from falls on the same level,
1992–96



A porter slipped and fell on a wet lobby floor, dislocating his right shoulder.

A waiter tripped while carrying a tray of glasses. She cut her palm on the shattered glass, severing a nerve and some tendons on her right hand.

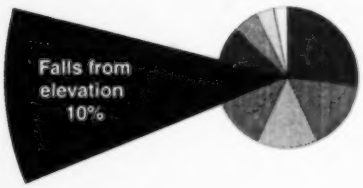
Falls on the same level

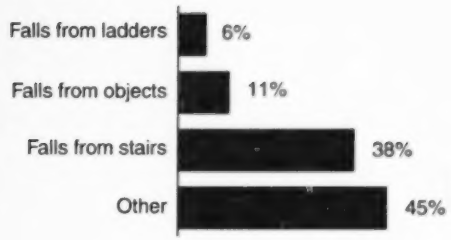
Falls on the same level contributed to 14 percent of all time-loss claims from 1992 to 1996. More than half were due to slippery surfaces, and 12 percent resulted from tripping or rough surfaces. Women had claims for falls on the same level two and a half times more often than men.

The **occupations** with the most falls on the same level were:

- Room attendants — 33 percent
- Wait staff — 16 percent
- Chefs and cooks — 14 percent
- Kitchen and laundry workers — 12 percent

Hotel industry:
Claims from falls from elevation,
1992–96





A housekeeper fell off a chair while cleaning windows. She fractured her right wrist.

Falls from elevation

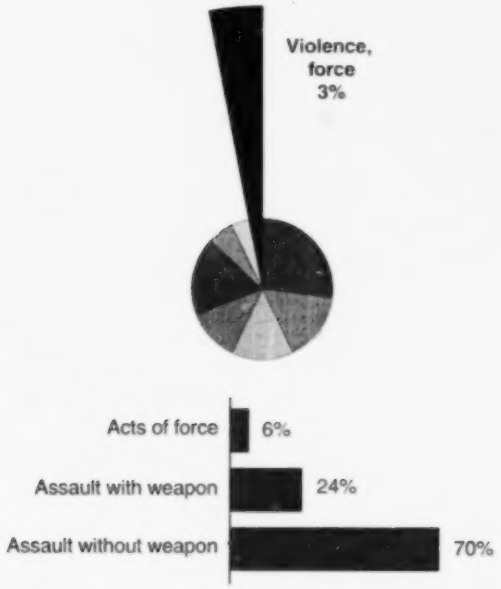
Ten percent of all time-loss claims from 1992 to 1996 in the hotel industry were falls from elevation. Of these falls:

- 38 percent were on or from stairs
- 11 percent were from objects not designed for standing on (for example, chairs)
- 6 percent were from ladders

The **occupations** with the most falls from elevation were:

- Room attendants — 24 percent
- Sports and recreation workers — 17 percent
- Wait staff — 8 percent

Hotel industry:
Claims from acts of violence and force, 1992–96



A desk clerk was held up at gunpoint during a robbery in a hotel lobby. She suffered from post-traumatic stress — a health disorder caused by witnessing or being involved in a traumatic event.

Acts of violence and force

Workplace violence has become a growing concern for the hotel industry. From 1992 to 1996, three percent, or 250 claims, resulted from acts of violence or force in the workplace. Of these 250 claims:

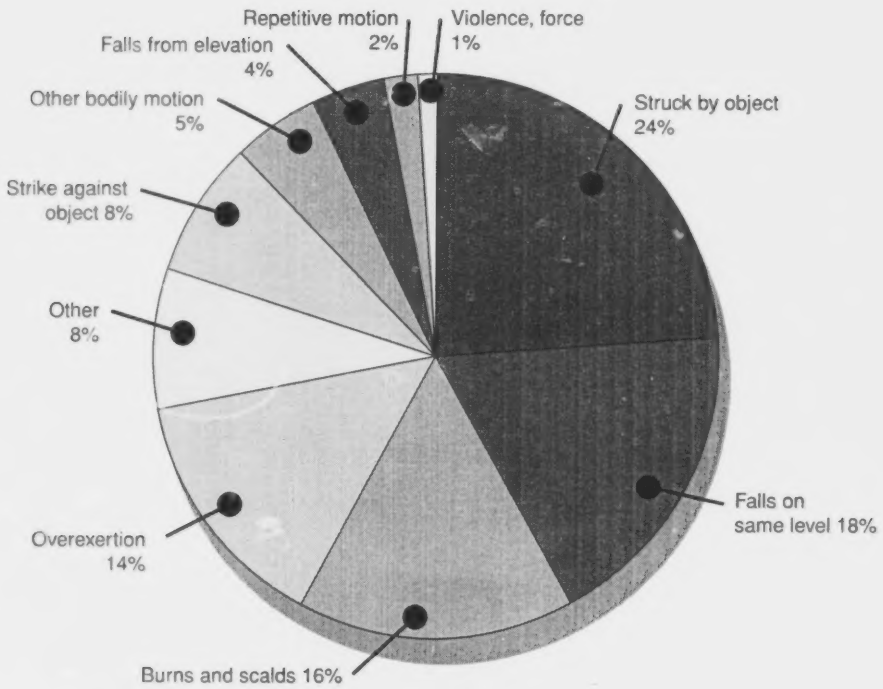
- 70 percent were assaults without a weapon
- 24 percent were assaults with a weapon (for example, gun, knife)
- 6 percent were acts of force (that is, an act where it is not clear that there was an intent to injure — for example, a waiter who is injured while trying to break up a fight between customers)

The **occupations** with the most workplace violence accidents were:

- Bouncers, door attendants — 34 percent
- Bartenders — 16 percent
- Wait staff — 13 percent
- Desk clerks, reservation clerks — 8 percent

RESTAURANT INDUSTRY: TYPES OF ACCIDENTS

Restaurant industry:
Claims by type of accident,
1992–96



Introduction

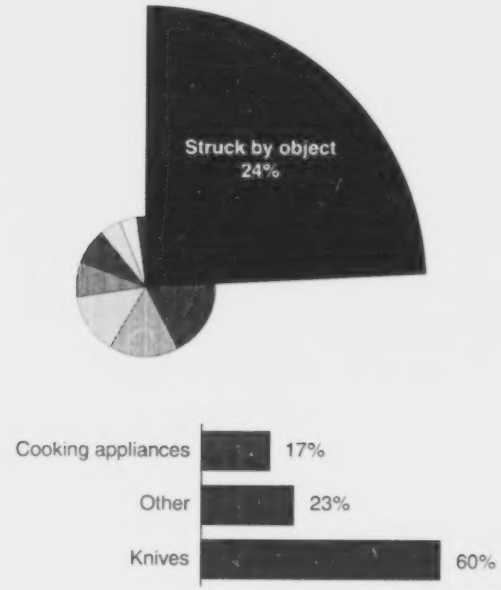
This part of the report provides information on the **restaurant** industry. It includes:

- Sources of accidents
- Occupations with the most claims

Here are the four most common types of accidents in the restaurant industry from 1992 to 1996:

1. Being struck by an object — 24 percent. These are accidents where the worker is injured by a moving object such as equipment and tools.
2. Falls on the same level — 18 percent.
3. Burns and scalds — 16 percent.
4. Overexertion — 14 percent. These are injuries resulting from the application of force to an object or person — such as lifting, pushing, pulling, and carrying.

Restaurant industry:
Claims from struck-by accidents,
1992–96



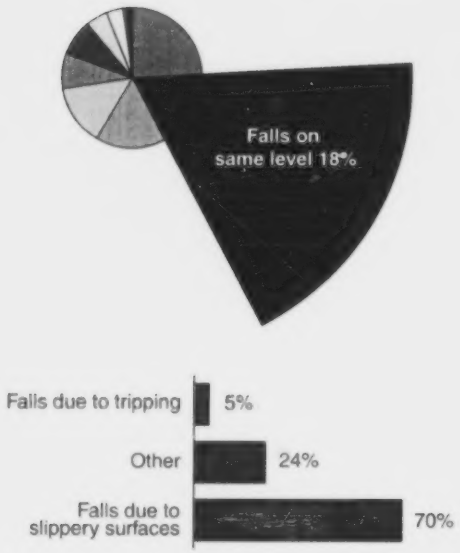
Struck-by accidents

Being struck by an object or equipment caused 24 percent of the restaurant industry's accepted time-loss claims from 1992 to 1996. Accidents with a knife accounted for more than 60 percent of these struck-by accidents.

The **occupations** with the most struck-by accidents were:

- Chefs and cooks — 46 percent
- Kitchen helpers or bus persons — 33 percent

Restaurant industry:
Claims from falls on the same level,
1992–96



A kitchen helper slipped on some grease while putting French fries into a deep fryer. His right hand went into the fryer, resulting in a third-degree burn to his hand.

Falls on the same level

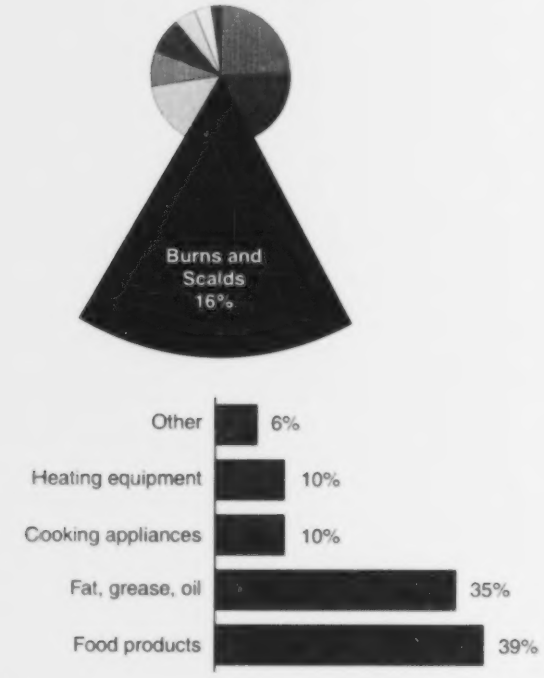
Falls on the same level accounted for 18 percent of all time-loss claims from 1992 to 1996. Seventy percent were caused by slippery surfaces, and 5 percent were due to tripping or rough surfaces. Women had claims for falls on the same level two and a half times more often than men.

The **occupations** with the most falls on the same level were:

- Kitchen helpers or bus persons — 35 percent
- Wait staff — 27 percent
- Chefs and cooks — 22 percent

A worker reached into a deep fryer with a skimmer ladle to remove a few floating fries. The fryer oil erupted suddenly, sending 350°F hot oil into the air and onto the worker. Her face, hands, back, and shins were severely burned.

Restaurant industry: Claims from burns and scalds, 1992–96



Burns and scalds

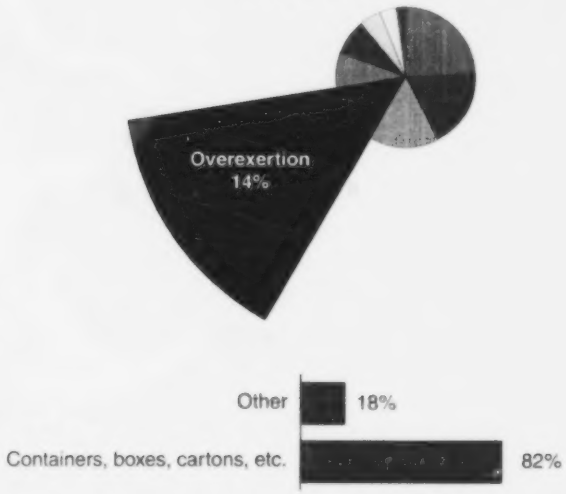
Sixteen percent of all accidents in restaurants from 1992 to 1996 were burns and scalds. Contact with food products (for example, soup, tea, sauces) accounted for 39 percent of these burns and scalds, and 35 percent were the result of contact with fat, grease, or oil.

The **occupations** with the most burns were:

- Chefs and cooks — 43 percent
- Kitchen helpers or bus persons — 32 percent
- Wait staff — 13 percent

Please note that chemical burns, such as those that janitorial workers could experience when handling chemical cleaning products, are not included in this category. Chemical burns are included in statistics on toxic exposures.

Restaurant industry:
Claims from overexertion accidents,
1992–96



While working in the cooler, a cook strained her back when she bent over to lift a pail of fruit salad weighing about 15 kg (32 lb.).

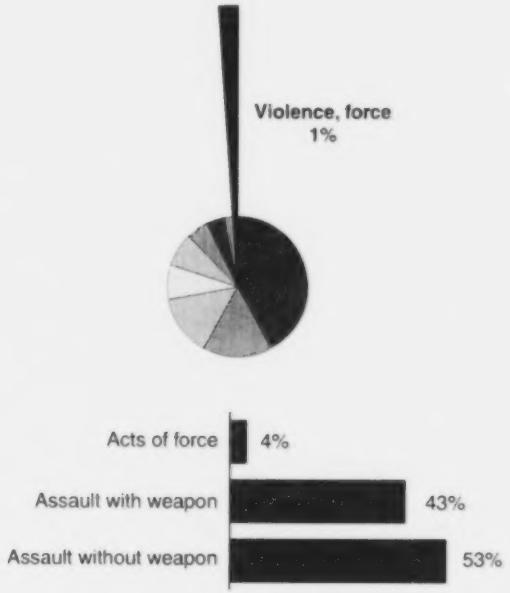
Overexertion

Overexertion contributed to 14 percent of all time-loss claims in the restaurant industry from 1992 to 1996. Of these, 82 percent were due to manual handling of containers, such as boxes and cartons.

The **occupations** with the most overexertion accidents were:

- Chefs and cooks — 32 percent
- Kitchen helpers or bus persons — 31 percent
- Wait staff — 15 percent

Restaurant industry:
Claims from acts of violence and force,
1992–96



A customer assaulted a waiter with a heavy flashlight. The waiter was trying to resolve a dispute between another employee and the customer. The waiter's spine was fractured during the assault.

A pizza delivery driver was bound, beaten, and robbed by four youths. The driver sustained multiple injuries and subsequently suffered from post-traumatic stress disorder.

A kitchen worker was held at gunpoint during an armed robbery. She was forced to lie on the floor and was locked in a cooler. She subsequently suffered from post-traumatic stress disorder.

Acts of violence and force

One percent — or 165 — of all claims in the restaurant industry resulted from acts of violence or force. Of these:

- 53 percent were assaults without a weapon.
- 43 percent were assaults with a weapon (for example, gun, knife)
- 4 percent were acts of force (that is, an act where it is not clear that there was an intent to injure — for example, a waiter who is injured while trying to break up a fight between customers)

The **occupations** with the most workplace violence accidents were:

- Bus persons — 26 percent
- Supervisors — 23 percent

PREVENTING

ACCIDENTS IN HOTELS

AND RESTAURANTS

Introduction

In the fast-paced environment of hotels and restaurants, a common attitude is that accidents are inevitable and a part of doing business. But injuries mean losses. Lost money, lost time, and lost productivity. And more importantly, they mean that workers and their families suffer pain and have their lives disrupted.

If accidents are prevented, the savings can be significant — less overtime, less retraining, and less time spent investigating accidents, to name a few. The other benefits are also rewarding — morale improves and workers feel valued.

Hotels and restaurants take pride in the service they offer tourists and other customers. Sometimes employees take customer satisfaction so seriously, they think of their customers' safety before their own. Hotels and restaurants could prevent many workplace injuries by paying the same kind of attention to employee health and safety as they do to customer satisfaction.

The information in Part 4 — which includes tips on how to prevent common injuries — will help hotels and restaurants improve employee health and safety.

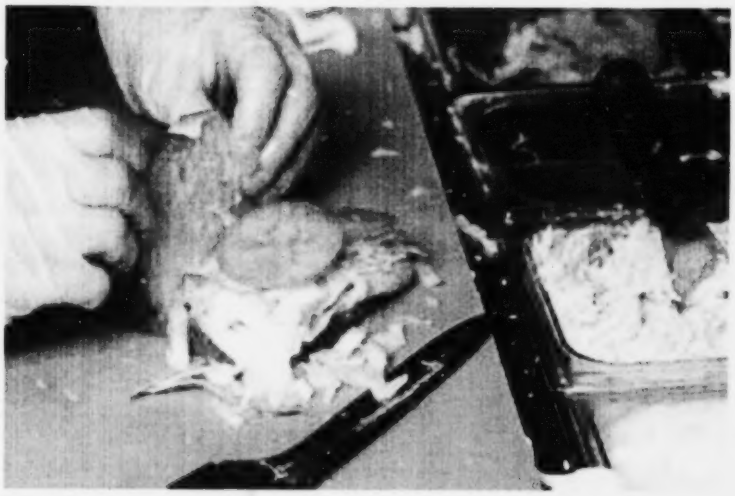
Source

Most of the information on pages 30 to 33 has been excerpted from the *Food Service Workers Safety Guide* (P96-7E), published by the Canadian Centre for Occupational Health and Safety (CCOHS). The CCOHS guide contains additional information on all the topics on pages 30 to 33 as well as on hygiene and food safety, personal protective equipment, monitoring, and health and safety performance and legislative requirements as they relate to the food service sector. The CCOHS *Food Service Workers Safety Guide* is available for $10.00/copy (quantity discounts are available). To order this publication and other guides available from CCOHS, call 905 570-8094, or 1 800 668-4284. Reprinted with the permission of CCOHS.

Safety tips for preventing common accidents

This section contains lists of safety tips for preventing accidents that commonly occur in the hotel and restaurant industries. Safety tips are included on:

- Cuts
- Slips and falls
- Stairways
- Burns and scalds
- Knives
- Floors
- Storage areas
- Ladders



Cuts

Cuts can occur from:

- Knives
- Equipment
- Utensils
- Preparation areas
- Cleaning equipment
- Furniture
- Counters
- Glassware
- Dishes

Do

- Throw away broken or chipped glassware.
- Use a cutting board for safe cutting and chopping.
- Lock out or disconnect the power source before cleaning equipment such as meat slicers.
- Make sure that you receive proper training in operating equipment and safe job procedures.
- Consult the manufacturer's instruction manual for operating, cleaning, and maintaining the equipment.
- Make sure that cutting blades are sharp.
- After cleaning, make sure that all guards and safety devices are put back in place.
- Place a warning tag on defective and unsafe equipment and do not re-start the equipment. Inform your supervisor.

Do not

- Do not operate equipment if you feel unwell or drowsy. (Remember, some cold remedies can make people feel sleepy.)
- Do not place hands near the edge of cutting blades. Make sure you can always see both hands (and all fingers) and the cutting blades.
- Do not try to catch falling objects.
- Do not try to clean or "just brush something off" a moving part such as cutting blades or beaters in mixers.
- Do not push or place your hand in feed hoppers or delivery chutes. Use food pushers.
- Do not try to cut anything in a slicer that becomes too thin. Use a knife to finish cutting.
- Do not wear loose or frayed clothing, gloves, or jewellery that can be caught in a moving machine.

Knives

Potential injuries: cuts and amputation.

Do

- Use the right knife for the job.
- Always use a proper chopping board or block.
- Make sure the knife is sharp.
- Carry only one knife at a time, tip pointed down at your side.
- Store knives securely in proper racks in a visible place.
- Hold the knife with your stronger hand.
- Cut *away* from your body when cutting, trimming, or boning.
- When not using knives, place them at the back, with the sharp edge away from you.
- After using a knife, clean it immediately or place it in a dishwasher.
- Use protective clothing such as mesh gloves.

Do not

- Do not leave a knife in dishwater.
- Do not use a knife as a can opener.
- Do not try to catch a falling knife. Let it fall and then pick it up.
- Do not engage in horseplay with a knife in your hand.
- Do not carry knives while carrying other objects.
- Do not carry a knife in your pocket.
- Do not leave knives where they could be accidentally covered.
- Do not talk to your co-workers while you are using a knife — you could become distracted.

Slips and falls

Slips and falls can occur from:

- Slippery and cluttered floors and stairs
- Loose or bumpy carpets and floor mats
- Defective ladders and footstools
- Poor visibility

Do

- Keep floors and stairs clean, dry, and non-slippery.
- Keep floors and stairs clear of debris and obstruction.
- Use slip-resistant waxes to polish and treat floors.
- Make sure that carpeting, rugs, and mats are free of holes, loose threads, loose edges, and bumps that may cause tripping.
- Use adequate warning signs for wet floors and other hazards.
- Make sure that wooden duckboards and railings are in good repair and free of splinters.
- Make sure that ladders and footstools are in good repair and have non-skid feet.
- If possible, immediately remove or clean up any tripping or slipping hazard you notice. If it's not possible to take care of the hazard yourself, report it immediately to your supervisor.

Do not

- Do not use defective ladders or footstools.
- Do not use chairs, stools, or boxes as substitutes for ladders.
- Do not leave oven, dishwasher, or cupboard doors open. These may present a tripping hazard for you or your co-workers.

Proper footwear prevents injuries

- Wear footwear that is closed at the toe and without a pattern of holes.
- Wear shoes that protect against spilled liquids, including hot ones.
- Wear slip-resistant shoes. For wet surfaces, the sole should have a well-defined pattern as more edges will provide a better grip.
- Don't wear shoes that are dirty or worn out as this affects their slip-resistance. To preserve your shoes, leave them at work and wear other shoes to and from work.
- Wear shoes with low or no heels.
- Wear shoes or boots with internal steel toe caps if you lift and carry heavy objects.

Floors

Potential accidents: slips and falls.

Do

- Make sure that walking surfaces are uncluttered, non-slippery, clean, and adequately lighted.
- If you drop or spill something, clean it up immediately.
- Mop floors with the recommended amount of cleaning product in the water, or cleaning fluid, to ensure grease and other slippery substances are removed.
- Make sure floors are free from trip hazards such as raised or broken sections.
- Treat floors with slip-resistant products if the floors must be waxed.
- Place *wet floor* warning signs to prevent people from slipping.
- Use non-slip mats and floor finishes.
- Replace doormats regularly.
- Walk — don't run.
- Mark swinging doors with *in* and *out* signs.

Do not

- Do not leave carts, boxes, trash cans, or other objects on the floors and in the aisles.

Stairways

Potential accidents: slips and falls.

Do

- Ensure that stairways are well lit.
- Keep stairs clear of obstructions.
- Use handrails.
- When carrying a load up and down stairs, make sure that the load does not block your vision.
- Report tripping hazards to your supervisor and place warning signs.

Do not

- Do not store boxes and supplies on the stairs.
- Do not throw things up or down stairways.
- Do not switch off lights in the stairways.

Storage Areas

Potential hazards: collapse of stored goods; slipping and tripping.

Do

- Make sure the shelves are firmly secured in place against walls and on the floor.
- Ensure adequate lighting.
- Store chemicals, detergents, and pesticides in a separate area away from foodstuff.
- Ensure that chemicals that are not compatible with each other are not stored together. (Check the material safety data sheet.)
- Store heavy items on lower shelves, particularly when cartons contain fluids.
- Use bins and racks as much as possible.
- Leave adequate clearance space between the top of the stored goods and the ceiling in areas protected by a sprinkler system.
- Store cartons in dry areas.

Do not

- Do not block passages in the storage area.
- Do not stack loose items on the top shelves.
- Do not overload shelving units.
- Do not store cardboard cartons in damp areas.
- Do not overstock.

Ladders

Potential accidents: falls from portable ladders; splinters; slipping.

Do

- Inspect a ladder before and after each use.
- Reject a ladder if it has loose, broken, or missing rungs; loose hinges; or loose or missing screws or bolts.
- Reject and tag defective ladders. Have defective ladders repaired or thrown out.
- Use a ladder designed for your task. Consider strength, type, and Canadian Standards Association (CSA) or American National Standards Institute (ANSI) approval.
- Set up barricades and warning signs when using a ladder in a doorway or passageway.
- Clean muddy or slippery footwear before mounting a ladder.
- Face the ladder when going up or down and when working from it.
- Keep the centre of your body within the side rails.
- Place ladder feet 30 cm (1 ft.) from the wall for every 1 m (3 ft.) of height.
- Extend the ladder at least 1 m (3 ft.) above the landing platform.
- Locate the ladder on a firm footing using slip-resistant feet or secure blocking, or have someone hold the ladder.
- Rest both side rails on a top support, and secure the ladder to prevent slipping.
- Use a three-point stance, keeping both feet and at least one hand on the ladder at all times.

Do not

- Do not use ladder in a horizontal position as a scaffold plank or runway.
- Do not carry objects in your hands while on a ladder. Hoist materials or attach tools to a belt.
- Do not work from the top two rungs. The higher you go on a ladder, the greater the possibility that the ladder will slip out at the base.
- Do not use makeshift items such as a chair, barrel, milk crate, or box as a substitute for a ladder.

Burns and scalds

Burns and scalds can occur from:

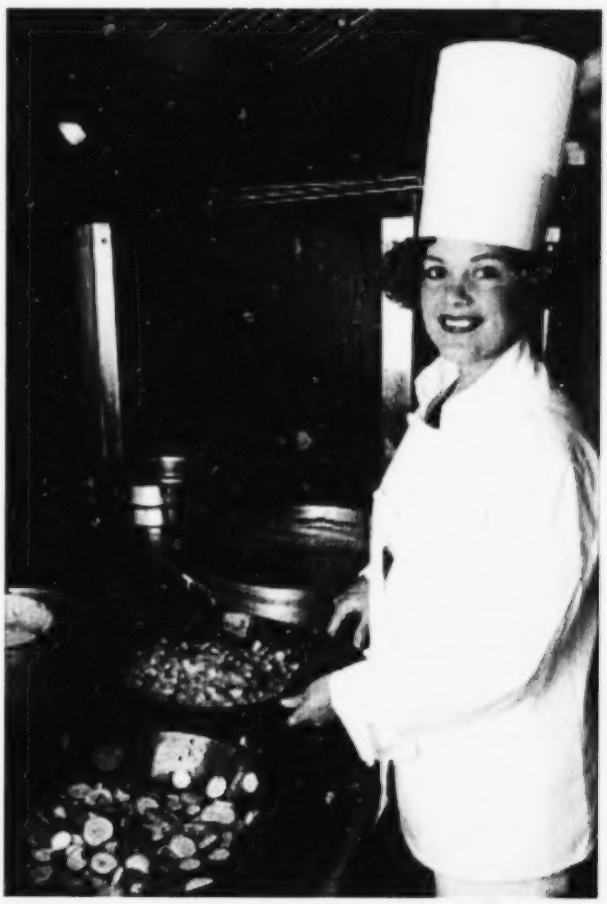
- Stoves
- Toaster ovens
- Boiling hot liquid
- Pressure cookers
- Hot dishwashers
- Toasters
- Ovens
- Hot utensils
- Cooking pots

Do

- Assume that all pots and pans and metal handles are hot. Touch them only when you are sure that they are not hot or when you are using proper gloves.
- Organize your work area to prevent contact with hot objects and flames.
- Keep pot handles away from hot burners.
- Make sure that handles of pots and pans do not stick out from the counter or cooking stove.
- Use oven mitts appropriate for handling hot objects. Use long gloves for deep ovens.
- Follow electric and fire safety guidelines.
- Follow the manufacturer's operating instructions.
- Use only recommended temperature settings for each type of cooking.
- Open hot water and hot liquid faucets slowly to avoid splashes.
- Lift lids by opening away from you.
- Wear long-sleeved cotton shirts and cotton pants.
- Report problems to your supervisor.

Do not

- Do not overfill pots and pans.
- Do not leave metal spoons in pots and pans while cooking.
- Do not spill water in hot oil.
- Do not overstretch over a stove, grill, or other hot area in order to reach an uncomfortable distance.
- Do not use a wet cloth to lift lids from hot pots.
- Do not open cookers and steam ovens that are under pressure.
- Do not lean over pots of boiling liquids.
- Do not leave a hot electric element or gas flame of stove "on" all the time.



Young worker focus

Why focus on young workers?

Workers of all ages face hazards on the job. However, a number of factors raise special concerns about working youth.

A supervisor told a 17-year-old fast-food employee to use plastic bags inside oven mitts when the employee reported that the mitts had huge holes in them.

- The rates of work-related injury to males aged 15 to 24 have historically been higher than the rates of injuries to males aged 25 and over and much higher than among females of all ages.
- In 1997, 10 out of 95 (11 percent) of traumatic work-related fatalities reported to the WCB involved workers aged 24 or younger.
- Workers aged 15 to 24 sustained approximately 16 percent of all disability claims in 1996 and they constituted 14.5 percent of the work force. (About 70 percent of those aged 15 to 19 and 24 percent of those aged 20 to 24 work only part-time, so the occurrence of injuries and fatalities could be expected to be somewhat lower than average in this age group.)
- Young workers typically work at a series of part-time, temporary, minimum-wage jobs, often going to their jobs after putting in the equivalent of a day of work at school.
- As new workers, young people are likely to be inexperienced and unfamiliar with many of the tasks required of them, unable to recognize workplace hazards, and unaware of their rights as workers. Many positive youthful traits such as energy, enthusiasm, and a need for increased challenges and responsibility, combined with a reluctance to ask questions or make demands of their employers, can result in young workers taking on tasks for which they are neither prepared nor capable of doing safely.
- Youth have an awareness that if they cause trouble at work there is always a surplus of workers to replace them. This contributes to young people's reticence to refuse jobs and activities that might place them in danger.
- The level of physical development of young workers is also important to consider. Adolescents, especially males, between the ages of 15 and 19, experience growth spurts at very different rates, which have consequences for either extreme. Smaller workers may not be able to reach parts of machines and may lack the strength required for certain tasks designed to be carried out by adults. Larger youths may be given adult tasks simply because of their size without regard to their lack of experience and maturity.
- Young workers are often employed in retail industries. Settings in which the exchange of money occurs are thought to be at an increased risk for workplace violence. Other risk factors that increase the dangers for youth working in these settings include working alone and working late in the evening and early morning — hours that fit many young people's schedules.
- Several U.S. reports suggest that young people generally do not receive adequate prevention training either in school or on the job. As they have little experience in the work force in general, they also do not recognize how much training may be necessary. Furthermore, many of the training materials that are available are not geared to youth.

Source

The information on pages 34 and 35 is from *Protecting Young Workers* — a WorkSafe focus report. For a copy of the full report, contact the WCB Publications and Videos Section (see page 57).

What can be done to make work safer for young workers?

As the workplace is made safer in general, it will be safer for young workers. At the same time, young workers deserve special attention and certain prevention efforts should be targeted specifically at young workers. These include:

- Eliminating hazards through redesign of the workplace or work processes in jobs commonly held by youth.
- Early orientation and instruction, preferably from the moment the young worker steps onto the worksite.
- Educating young workers, parents, employers, health providers, and school personnel about health and safety hazards and about workplace rights and responsibilities.
- Expanding the base of information about occupational injuries to guide prevention activities, including efforts to encourage the reporting of all incidents and injuries occurring to young people at work. This includes the reporting of even those accidents and injuries that do not lead to lost time.
- Emphasizing to employers the importance of tailoring workplace policies to young workers. For example, there may be times when a "customer is always right" policy may be necessary in order to reduce the threat of violence.
- Extra observation of young workers by all supervisors and co-workers to protect the safety and well-being of new workers.

How employers and supervisors can make work safer for young workers

- Know and comply with safety requirements that apply to your workplace. Post these requirements where workers can see and read them.
- Assess and eliminate the potential for injury and illness associated with tasks required of young workers.
- Provide comprehensive training to ensure young workers recognize hazards and are competent in safe work practices.
- Routinely check that young workers continue to recognize hazards and use safe work practices.
- Evaluate equipment that young workers might be required to operate to ensure that it is safe for their use.
- Ensure that young workers are appropriately supervised to prevent injuries and hazardous exposures.
- Involve supervisors and experienced workers in developing a workplace health and safety program and in identifying and solving potential health and safety problems.

What young workers can do

- Be aware that you have the right to work in a safe and healthy work environment free of recognized hazards and that you have the right to refuse unsafe work tasks and conditions.
- Know that you have the right to file complaints with the WCB when you feel your health and safety rights have been violated or your safety has been compromised.
- Remember that all workers, including young and part-time workers, are entitled to workers' compensation benefits in the event of a work-related injury or illness.
- Obtain information about your rights and responsibilities as workers from school counsellors or the WCB.
- Participate in all training programs offered by your employer, or request training if none is offered.
- Recognize and be aware of the potential for injury at work and seek information about safe work procedures from employers.
- Identify the first aid attendant at your workplace.
- Locate the first aid kit at your workplace.
- Always use safety equipment and follow safe work practices.

Preventing overexertion accidents

Risk factors

The key to preventing injuries is to reduce or eliminate the risk factors contributing to the injuries. Workplace factors associated with overexertion accidents to the back include:

- **Awkward back posture** held for a period of time or repeated due to poor working heights and reaches. Examples include reaching for linen or supplies located on high shelves.
- **Heavy or frequent lifting, pushing, pulling, and carrying.** For example, lifting and carrying bulk food containers.
- **Prolonged sitting or standing.** Examples include:
  - Sitting — front office staff working on computers
  - Standing — a restaurant worker whose duties consist of greeting customers and working the cash
- **Whole body vibration.** For example, delivery truck drivers.

The time to complete a task, how often it is repeated, and the worker's perception about time pressures can also influence workplace risk factors.

How to reduce overexertion accidents

Reducing risks need not be a complicated process. Following are examples of solutions in the hotel and restaurant industries:

- Store heavier or frequently used items at a height between workers' hips and chest to reduce awkward postures when handling these items.
- Place smaller loads in laundry washing machines to reduce tangling and the subsequent heavy pulling needed to remove the laundry from the washer.
- Use laundry carts with spring-loaded bottoms that rise as the cart is unloaded. This reduces repetitive, awkward bending.
- Install platforms at the base of laundry chutes to eliminate repetitive bending and lifting from the floor while sorting laundry.
- Use long-handled tools to reach the walls and tub when cleaning showers to decrease reaching and stooping.
- Ask a co-worker for help when moving heavy furniture. Employers should set a policy to give guidance in these situations.
- Ensure cleaning products and equipment are efficient and do not require extra force to use. For example, use a window cleaner that doesn't streak to reduce the number of wiping motions, or use a cleanser that removes dirt and grime with one swipe.
- Use smaller banquet trays to lighten loads and to make them easier to handle.
- Store clean plates on spring-loaded dollies to reduce repetitive bending.
- Use carts to move heavy products from storage coolers and freezers.

What workers can do to reduce overexertion accidents

Following are steps workers can take to reduce overexertion accidents:

- Stay in shape with regular exercise.
- Warm up the muscles used in work activities, prior to the shift.
- Use the proper handling (that is, lifting, pushing, pulling, and carrying) technique:
  - Place your feet apart for good balance.
  - Bend your knees.
  - Keep the load close to the centre of your body.
  - Use smooth, gradual motions.
  - Avoid twisting your back.
- Call for assistance when you feel the load is too heavy.
- Where possible, don't do activities that require heavy exertion all at once. Do parts of these activities at different times during the day.

- Don't store heavy items in small, confined areas where the worker may not be able to use safe lifting techniques.
- Design or alter "pass through" windows in restaurants to reduce the risk of back injury. If they are too high or too deep, workers are forced to use long reaches and awkward postures to pick up orders.
- Lower storage racks at dishwasher stations to minimize awkward lifting and reaching. Lowering the racks or using a sturdy step stool can help to reduce the height of the lift.
- Add a footrest or matting to a hostess counter to give some relief from prolonged standing.
- Reduce risks through organizing work differently. For example, room attendants could unload laundry from their carts more often to lighten the loads they handle and to reduce the amount of pushing needed to move the cart.
- Train and supervise workers in safe work practices that have been developed to reduce their exposure to risk factors.

Follow a process for preventing overexertion accidents

Finding ways to prevent overexertion accidents should be part of an ongoing process within an organization, including:

- Examining jobs where accidents are occurring
- Identifying risk factors within those jobs that may be contributing to overexertion accidents
- Assessing the risk to workers
- Consulting with workers
- Designing and implementing solutions and safe work procedures
- Training workers in safe work procedures and the use of tools and equipment
- Re-examining the job or task to evaluate if the risks to workers have been eliminated or reduced

Preventing exposure to HIV/AIDS, and hepatitis B and C at work

Hotel and restaurant workers sometimes find used needles between bedsheets, under beds, in garbage containers, and hidden in washrooms. Sometimes cleaning staff come into contact with condoms when they try to unclog toilets.

These items could be contaminated with blood and body fluids infected with tiny organisms that can cause disease in humans. These micro-organisms are known as bloodborne pathogens. The bloodborne pathogens of most concern are the human immunodeficiency virus (HIV) and the hepatitis B and C viruses. HIV causes the disease AIDS (acquired immune deficiency syndrome), and the hepatitis B and hepatitis C viruses cause diseases with the same names. Since exposure to blood and certain body fluids may spread these viruses, these diseases are also called bloodborne diseases. See the box on this page for a list of these body fluids.

Most hotel and restaurant workers won't ever contact, at work, blood and certain body fluids that can spread HIV and the hepatitis B and C viruses. But even employers and workers in settings where contact with blood and these body fluids is not expected should be aware of some basic precautions because it is possible to become infected with a single exposure incident — that is, harmful contact to infected blood and body fluids. This section provides information on the basic precautions that should be taken in such work settings.

Hepatitis B and C should not be confused with hepatitis A — a foodborne illness. That means that you can become infected with the hepatitis A virus if you eat food that has been prepared by someone who is infected with the virus. Hepatitis A is primarily a public health concern. Hotel and restaurant owners who would like more information on how to prevent the spread of hepatitis A should contact their local health units.

Certain body fluids that may spread HIV, or hepatitis B or C

The body fluids listed below are the ones referred to when this section says **"certain body fluids"** or **"infected blood and body fluids"**:

- Semen
- Vaginal secretions
- Fluid that the fetus (unborn baby) lives in (amniotic fluid)
- Fluid around the heart (pericardial fluid)
- Fluid in the lining of the lungs (pleural fluid)
- Fluid in the abdomen (peritoneal fluid)
- Fluid in joints (synovial fluid)
- Fluid surrounding the brain and spinal cord (cerebrospinal fluid)
- Breast milk — has been shown to transmit only HIV
- Saliva — is known to transmit only hepatitis B
- Any body fluid with visible blood

Body fluids that DO NOT spread HIV, and hepatitis B and C — unless you can see blood in them

There is no evidence that the body fluids listed below spread HIV and the hepatitis B and C viruses unless you can see blood in them:

- Tears
- Nasal secretions
- Sputum (coughed up from the lungs)
- Sweat
- Vomit
- Urine
- Feces (stools)

These body fluids may spread other infections — for example, stools can spread hepatitis A and sputum can spread tuberculosis, but they are not of concern in the spread of HIV and the hepatitis B and C viruses.

How could someone be exposed to infected blood and body fluids at work?

Workers can be exposed to infected blood and body fluids at work in the following ways:

- By puncturing the skin with sharp objects contaminated with infected blood and body fluids. (Sharp objects are commonly known as **sharps**. These include needles, scalpels, knives, razors, scissors, broken glass, or anything that can pierce, puncture, or cut skin.)
- By splashing infected blood and body fluids into the tissues lining the eyes, nose, or mouth. These tissues are called mucous membranes.
- By splashing infected blood and body fluids on non-intact skin — that is, **fresh** open cuts, nicks, wounds, skin abrasions, chapped and damaged skin, and skin with diseases such as eczema and dermatitis.

How to reduce the risk of infection at work

Where it is reasonable to expect that workers could be exposed to blood and certain body fluids as part of their **normal job duties**, employers must comply with the sections on biohazardous materials in Part 6 of the Occupational Health and Safety Regulation. Under these requirements, employers will typically have to develop and implement exposure control plans that eliminate or minimize the specific risks and hazards in their workplaces.

Accident investigations are an important source of health and safety information. If a review of accident reports shows that exposure incidents involving blood and certain body fluids have occurred in the past, an exposure control plan may be required.

There's a lot of concern in the workplace about HIV/AIDS, and hepatitis B and C. Even if contact is not likely to occur at a worksite, the employer can help allay such concern and can ensure that workers are prepared for unexpected events. To do this, employers should:

- Inform and instruct workers in how to eliminate or reduce the risk of contact with blood and certain body fluids
- Ensure that work practices eliminate or minimize the risk of unforeseen contact
- Develop ways to address chance encounters with blood and certain body fluids
- Provide workers with the equipment, tools, and personal protective equipment (PPE) needed to deal with an unforeseen contact
- Monitor the workplace to ensure that safeguards are used and safe work practices are followed
- In case of an exposure incident, ensure that:
  - Prompt, easy-to-access first aid and medical attention is available
  - Employees are aware of procedures for obtaining immediate first aid and medical attention and for reporting incidents of exposure to blood and certain body fluids (see page 42)

If an exposure incident occurs at the workplace, the employer must investigate it and, based on the findings, must develop ways to prevent similar incidents from occurring.

How the health and safety committee can help

Where health and safety committees are required, employers must work with the committee to identify and resolve health and safety problems in the workplace. Here are some of the activities the committee can undertake to help the employer ensure that workers are prepared for unexpected contact with blood and certain body fluids:

- Participate in developing hazard awareness campaigns
- Promote worker attendance at training sessions
- Review safe work practices
- Help select tools, equipment, and personal protective equipment (PPE)
- Participate in workplace inspections to identify potential hazards
- Review accident and incident reports

Safe work practices

Safe work practices explain how tasks are to be performed to reduce the likelihood of exposure to hazards.

Even if workers aren't expected to be in contact with blood and certain body fluids, all workplaces should have basic safe work practices to deal with the rare incidents that could occur.

The sample safe work practices in this section can be used to guide you in developing similar ones tailored to your workplace. Specific information about your workplace should be added, where relevant, or where it is needed to clarify instructions. Examples of the types of information that should be added include:

- Specific instructions on how to summon first aid and seek medical attention
- The person to report exposure incidents to
- What PPE (such as waterproof gloves) is required, when to use it, and how to obtain it
- The location of equipment and tools such as sharps containers, tongs, and spill kits

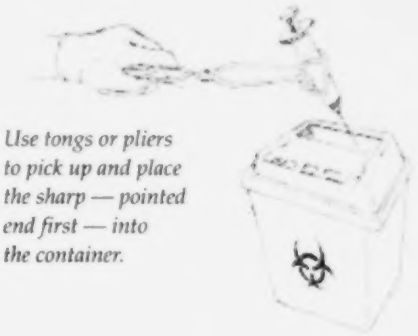
How to pick up a sharp

Don't pick up sharps and other items (for example, condoms) unless you have the appropriate equipment and PPE and you have been instructed how to do so safely. Don't pick up anything with the intention of discarding it later. For example, don't put a used needle in your pocket that isn't in a proper pocket container. You could injure yourself before you discard it.

Do not place needles in regular garbage under any circumstances — you may create a hazard for others.

Follow these steps to pick up improperly discarded sharps and other items that could carry HIV and the hepatitis B and C viruses:

1. Wear disposable waterproof gloves (such as natural rubber latex, neoprene, nitrile, and vinyl), and have a proper sharps container and tongs or pliers ready. (You can obtain sharps containers from safety and medical supply stores and some municipal needle exchange programs. Drug stores may also carry suitable containers.)
2. Put the gloves on. Place the sharps container next to the needle or other item. Don't hold the container in your hand, or you might accidentally jab yourself.
3. If you are comfortable using tongs or pliers, use them to pick up the needle (or other item) and place it into the sharps container. This is the preferred method. If you are not comfortable using the tongs or pliers, pick up the needle by its shaft — with your gloved hand. In both cases, place the needle into the sharps container, pointed end first, away from you. Do not insert your fingers into the opening of the container, and keep your free hand out of the way.
4. Remove and discard the gloves (see the next page). Wash your hands with soap and water.
5. Don't fill the sharps container to the brim. When it is about three-quarters full, replace it with a new one and properly dispose of the old one. Contact your municipality for information on disposal.



Use tongs or pliers to pick up and place the sharp — pointed end first — into the container.

Picking up condoms

If you find a used condom, do not use your bare hands to pick it up. Use waterproof gloves, tongs, or something else to pick it up and throw it in the garbage.

How to remove disposable gloves

Remove disposable gloves as soon as possible if they become damaged or contaminated. Remove them after you have completed the task that required gloves. Gloves should also be removed before leaving the work area. **Do not wash and reuse your gloves.** Use new gloves for each new task.

Follow these steps to make sure your hands do not contact any blood or body fluids left on used gloves:

1. With both hands gloved:

- Grasp the **outside** of one glove at the top of the wrist.

Grasp the outside of one glove.

- Peel off this glove from wrist to fingertips while turning it inside out, as you pull the glove off your hand and away from you.
- Hold the glove you just removed in your gloved hand.

Hold the glove with your gloved hand.

2. With the ungloved hand:

- Peel off the second glove by inserting your fingers on the **inside** at the top of your wrist.

Insert your fingers on the inside of the glove.

- Turn the glove inside out while pulling it away from you, leaving the first glove inside the second.

Turn the glove inside out over the first glove.

3. Dispose of the entire bundle promptly in a suitable waterproof garbage bag.
4. Wash your hands thoroughly with soap and water as soon as possible after removing gloves and before touching non-contaminated objects and surfaces.

How to handle garbage safely

Follow these steps to prevent contact with sharps and other items improperly discarded in garbage:

1. Handle garbage as little as possible.
2. Use waterproof garbage bags.
3. Be alert. If possible, look for sharps sticking out of the bags. Listen for broken glass when you move the bag.
4. Don't compress garbage or reach into garbage containers with your bare hands.
5. Don't use your bare hands to pick up garbage that has spilled out of an overflowing container. Wear puncture-resistant and liquid-resistant gloves (the type worn by firefighters), or use other tools designed for picking up garbage.
6. Don't let garbage bags get too full, if possible. Leave enough free space at the top of the bag, so that when you grab it, you grab the top of the bag only — not any of the contents. You may have to change bags more often to prevent them from getting too full. This will also make them lighter — and thus easier to hold away from your body.
7. Hold garbage bags by the top of the bag, away from your body. Don't hold garbage bags against your body.
8. Don't place one hand under the bag to support it.
9. Dispose of wastes according to federal, provincial, and local regulations.

What to do when an exposure incident occurs

The following exposure incidents are potentially harmful:

- Skin is **punctured with a contaminated sharp**.
- A **mucous membrane** (the eyes, nose, or mouth) is splashed with blood and certain body fluids.
- **Non-intact skin** is splashed with blood and certain body fluids.

If any of the above incidents occurs, follow these steps:

1. **Get first aid immediately.**
   - If the mucous membranes of the eyes, nose, or mouth are affected, flush with **lots of clean water** at a sink or eyewash station.
   - If there is a sharps injury, allow the wound to bleed freely. Then wash the area thoroughly with non-abrasive soap and water.
   - If an area of non-intact skin is affected, wash the area thoroughly with non-abrasive soap and water.
2. **Report the incident.**
   Report the incident as soon as possible to your supervisor and first aid attendant, or occupational health staff. This should not cause significant delay in seeking medical attention.
3. **Seek medical attention immediately.**
   Seek medical attention immediately — **preferably within two hours** — at the closest hospital emergency room, or at a health care facility if there's no hospital emergency room in the vicinity. Immunizations or medications may be necessary. These may prevent infection or favourably alter the course of the disease if you do become infected. Blood tests should also be done at that time. You may need to see your family doctor within the next five days for follow-up, such as counselling and medications.
4. **Complete WCB claim forms.**
   If the exposure incident occurred at work, the employer and worker must complete and submit the appropriate WCB claim forms. For any questions about claims, contact the WCB Occupational Disease Service at 604 276-3007 or 1 800 661-2112.

Blood and certain body fluid **contact with intact skin is not considered to be a risk** for the spread of bloodborne pathogens. You should, however, thoroughly wash your hands and other affected areas immediately. If you have any further concerns, contact your family physician or nearest health unit office (see the blue pages of the telephone directory).

How to clean up spills of blood and certain body fluids

Once any exposure incident has been attended to, clean up spills as soon as possible. **Don't clean up blood and certain body fluids unless you have been trained to do so and have the equipment needed to do so safely.**

Kits that contain the supplies needed to clean up spills are available from safety supply companies.

Procedures for cleaning up spilled blood and certain body fluids should include the following steps:

1. Restrict access to the area.
2. Make sure plastic bags are available for removal of contaminated items from the spill site. Have bleach or a germicide ready.
3. Dispose of any sharps first according to the procedure on page 40.
4. Wear disposable, waterproof gloves (such as natural rubber latex, neoprene, nitrile, and vinyl). If necessary, wear other PPE, such as a face shield and a gown, to act as a barrier against contact with blood and certain body fluids and the dilute household bleach. If using a germicide, check the material safety data sheet (MSDS) to find out what type of glove to use.
5. Cover your shoes or boots with disposable, waterproof covers if they could become contaminated during clean-up.
6. Wipe up visible material first with disposable towels (or in another way that prevents direct contact with blood and body fluids). Dispose of the material and paper towels in waterproof garbage bags.
7. After you have carefully wiped up all the obvious material, it may be necessary to change gloves. Then decontaminate the area by carefully pouring over the spill site a germicide approved for used as a hospital disinfectant, or a fresh solution of household bleach and water (see the box on this page). Leave the solution on for 10 minutes, then wipe it up with disposable towels. Discard the towels in the waterproof garbage bags.
8. Clean and decontaminate all soiled, reusable equipment and supplies. Properly discard any disposable items.
9. Wear the gloves to remove other protective equipment such as face shields and footwear covers. Dispose of or clean PPE (for example, face shields, aprons, boot covers) according to the manufacturer's directions.
10. Properly remove and dispose of your gloves. Wash your hands.

What to use to clean and disinfect contaminated areas

Follow these steps to clean and disinfect contaminated areas:

- Put on the proper PPE.
- Use disposable towels to clean up all visible material. Discard the towels in a waterproof garbage bag.
- Disinfect the area with a fresh bleach solution. A solution of 1 part of common household bleach to 100 parts of water (1:100 ratio) will kill HIV and the hepatitis B and C viruses except with spills involving a large amount of blood. With spills involving large amounts of blood, apply a solution of 1 part common household bleach to 10 parts of water (1:10 ratio). In both cases, leave the solution on for about 10 minutes. You can also use a germicide that is approved for use as a health care disinfectant.

Caution: Do not mix cleaning chemicals such as bleach and ammonia.

Source

The information on pages 38 to 43 is from the WCB publication *HIV/AIDS, and Hepatitis B and C: Preventing Exposure at Work.* For a copy of the complete booklet, contact the WCB Publications and Videos Section (see page 57).

OVERVIEW OF A HEALTH AND SAFETY PROGRAM

Introduction

Everyone who works for a hotel or restaurant must work safely and encourage others to do the same. But it's the employer who must develop and implement policies and procedures to prevent workplace injury and diseases in a systematic way.

Hotels and restaurants with 50 or more workers are required to establish formal health and safety programs; those with fewer than 50 employees are required to establish less formal programs. This section describes the elements that make up an effective health and safety program. It also reviews the elements of an effective subprogram, specifically a violence prevention program. The WCB's guideline for a health and safety program for a small business is provided on pages 50 and 51.

What are the key contents of a health and safety program?

Health and safety programs must be written and the program documents must describe how the employer will manage health and safety. The written program must:

- Provide general direction to management, supervisors, and workers about their responsibilities and roles in providing a safe and healthy workplace.
- Provide specific direction to those responsible for a portion of the program.
- Communicate health and safety policies and procedures.
- Open the lines of communication by encouraging workers to express their concerns about health and safety.

Health and safety program overview

A workplace health and safety program addresses hazards in a systematic, ongoing way. The first step in developing a workplace health and safety program is to identify existing hazards and recognize factors that could combine to create a hazard. The hazards must then be evaluated and eliminated. If they can't be eliminated, they must be controlled. The elements of an health and safety program form the infrastructure for the process of eliminating and controlling work hazards.

Anticipation of the existence or development of workplace hazards

▼

Management commitment and leadership to a safe and healthy workplace

▼

Identification of hazards

▼

Evaluation of existing or potential workplace hazards

▼

Elimination of hazards

▼

Hazard control through a health and safety program

Elements of a program

Proactive elements

1. Policy
2. Written work procedures
3. Training of workers and supervisors
4. Management and supervision of workers
5. Regular inspections
6. Hazardous materials and substances

Reactive elements

7. Medical examination and monitoring
8. First aid
9. Investigation of incidents, accidents, and diseases

Administrative elements

10. Health and safety committee
11. Records and statistics
12. Review of the health and safety program

What are the main elements of a health and safety program?

An effective program needs the support of management, the participation of workers, an effective health and safety committee (where the workplace is large enough to require one), and regular program reviews. The WCB requires employers to set up programs tailored to the size and the specific needs of their companies.

Each program element plays an important role in providing a safe, healthy workplace.

Proactive elements

The first six elements of the health and safety program are considered proactive elements because they all play a role in the recognition, assessment, elimination, and control of workplace hazards.

1. Policy

The policy states the program's goals and communicates management's commitment to health and safety. It states the responsibilities of the employer, managers, supervisors, and workers.

2. Written work procedures

Written work procedures include the rules and safe work procedures developed to control hazards. They are management's directions detailing how the work is expected to be carried out safely.

3. Training of workers and supervisors

It's management's responsibility to ensure that everyone who performs a hazardous task is trained to follow the safe work procedures that have been developed. Workers and supervisors must receive training.

4. Management and supervision of workers

The supervisor's first responsibility is to ensure that workers have been properly instructed and directed in the safe performance of their duties. Training (element 3) will satisfy this first responsibility. A supervisor's second responsibility is to ensure that trained workers follow the directions provided.

Managers have responsibilities to ensure the health and safety program is properly directed and controlled. These include:

- Monitoring implementation of the program
- Discussing health and safety issues at staff and management meetings
- Ensuring that health and safety is given adequate consideration in all management decisions
- Developing a system of progressive discipline to be used if workers, supervisors, and managers deliberately ignore safety rules and regulatory requirements

5. Regular inspections

The identification of hazards — existing or potential — is an ongoing task because the workplace is a dynamic place. Changes occur for a variety of reasons. Some changes occur slowly (such as normal wear and tear on equipment and fixtures); other changes occur because a process is modified or something new is added. Tasks may be performed differently, creating hazards (such as unsafe acts). Regular inspections provide the means to continually monitor the workplace for changing conditions and unsafe conditions and acts. The results of these inspections can lead to changes in written work procedures (element 2), training (element 3), and supervision (element 4).

6. Hazardous materials and substances

This element requires that all workers be able to recognize the harmful substances and materials they might encounter in their work areas. The Workplace Hazardous Materials Information System (WHMIS) is designed to provide employers with the necessary information about these hazardous products to ensure they are handled, used, and stored properly.

Reactive elements

The next three elements can be described as reactive elements because they "respond" to injured workers, diseases, and accidents that occur.

7. Medical examination and monitoring

In some cases, the health of workers must be followed to determine if working conditions have caused or may cause an occupational disease. Examples include workers who may have had contact with an infectious organism (for example, hepatitis B and C viruses, and

HIV) and workers who require annual hearing tests because they are exposed routinely to excessive noise.

8. First aid
The purpose of first aid is to provide workers with prompt, accessible, appropriate first aid treatment, and to keep records of each treatment. Effective first aid programs lower employers' staffing costs and WCB claims costs because minor injuries can be treated at the worksite. This element addresses how first aid will be administered in the workplace to comply with occupational first aid requirements.

9. Investigation of incidents, accidents, and diseases
It's an unfortunate circumstance when a worker gets hurt on the job. It's even worse if no attempt is made to learn and correct the causes that led to the accident and worker injury. If the causes are not corrected, more workers may be injured in a similar manner. This element addresses how investigations of incidents, accidents, and diseases are to be conducted in order to find the causes and prevent recurrence.

Administrative elements

A health and safety program must be properly administered to be effective. The final three elements outline the administrative requirements of the program.

10. Health and safety committee
In the hotel and restaurant industry, a health and safety committee is required at workplaces with 20 or more employees. The committee must have at least four regular members and the number of employer representatives must not outnumber worker representatives. In smaller workplaces (more than 9 but fewer than 20 regular employees), a worker health and safety representative is required.

The committee monitors health and safety and makes recommendations to management on improvements. The written program should describe how the committee is to be structured, its terms of reference, and its roles and duties.

11. Records and statistics
Records and statistics help identify trends, unusual conditions, and problem areas. They are compiled to provide a performance measurement of the health and safety program and for guidance to set goals throughout the organization. Records and statistics can also be used for educational purposes. Examples of records and statistics that should be kept include:

- Accident and incident reports
- Hazard reports
- Training records
- First aid treatment book
- Equipment log books
- Maintenance records
- Statistics on the frequency and severity of accidents

12. Review of the health and safety program
A systematic and critical examination of the entire workplace should be carried out at least annually. A review is intended to examine the extent and effectiveness of existing health and safety activities and to identify deficiencies.

What are health and safety sub-programs?

Where a hazard is responsible for a significant portion of total injuries or diseases at the workplace, management must address that hazard in a systematic way. The best way to do this is to apply the elements of the health and safety program to the specific hazard and create a sub-program.

Violence is a good example. From 1992 to 1996, violent incidents in the hotel and restaurant industry resulted in 4 fatalities, 162 accepted claims from restaurants, and 250 accepted claims from hotels. For this reason, hotels and restaurants must develop workplace violence prevention programs. These violence prevention programs should contain essentially the same elements as the general health and safety program such as a policy, written work procedures, training of supervisors and workers, accident investigations, records and statistics, and the commitment of the employer. Refer to pages 52 and 53 for an overview of a violence prevention program.

Guideline for a health and safety program for small businesses

The following guideline will help small businesses prepare their written health and safety programs. As it is a guideline only, employers must tailor it to their particular workplaces. This includes adding specific information on written safe work procedures that have been developed at that worksite, stating what types of personal protective equipment (PPE) must be used, listing additional training and orientation topics, and providing details about first aid and other procedures for emergencies.

The paragraphs in regular type show information in a sample guideline. The paragraphs in italics provide guidance on writing your own program.

Health and safety policy

(Name of firm) wants its workplace to be a healthy and safe environment. As such, it is necessary that our firm establish and maintain a workplace health and safety program designed to prevent injuries and occupational disease. Management is responsible for providing workers with adequate instruction in health and safety and for addressing unsafe situations in a timely, effective manner. All workers and service contractors are required to work safely and to know and follow our company guidelines for safe work procedures.

(Signed)

(Date)

Responsibilities

Senior management's responsibilities include:

- Establishing the health and safety program
- Conducting an annual review in *(month)* of each year
- Training supervisors
- Providing a safe and healthy work environment

Managers' and supervisors' responsibilities include:

- Orienting new workers
- Ongoing training of workers
- Conducting regular staff safety meetings
- Performing inspections and investigations
- Reporting any safety or health hazards
- Correcting unsafe acts and conditions

Employees' responsibilities include:

- Learning and following safe work procedures
- Correcting or reporting hazards to supervisors
- Participating in inspections and investigations where applicable
- Using PPE where required
- Assisting in the creation of a safe workplace by recommending actions that will improve the effectiveness of the health and safety program

Written safe work procedures

(Written procedures are needed for high risk or complex operations. Work activities requiring procedures should be listed here. A WCB safety or hygiene officer may be able to advise on those that need to be addressed. The procedures can be attached to the program. In a small restaurant, procedures for changing oil in fryers and for cleaning equipment are examples of procedures that may be required.)

Personal protective equipment

(List the PPE required, the circumstances in which it is used, and where it can be found. For example, the PPE needed in a small restaurant might include gloves, aprons, and non-slip shoes.)

Educatior and training

All workers will be given an orientation by their supervisor immediately upon hiring. The following topics will be included in the orientation:

- Fire exit routes and marshalling area
- Location of first aid kit and fire extinguisher
- Name of first aid attendant and how to summon the attendant
- How to report injuries to first aid
- Location of material safety data sheets (MSDSs) — these are provided by suppliers of chemical products and contain information on how to handle and use the chemical product safely
- Workplace Hazardous Materials Information System (WHMIS) training for any hazardous product in the area
- Applicable written procedures
- Names of joint health and safety committee members, or worker representative, if required at the workplace

At the end of the orientation, workers will be given a copy of this program and advised of their rights and responsibilities under the Occupational Health and Safety Regulation.

Management will ensure that staff receive further training when necessary to help ensure the safe performance of their duties. Staff meetings are a means of helping to ensure safety awareness.

(For higher hazard work areas and jobs, orientation in additional topics may be necessary. These topics should be listed in the program.)

Inspection

A good inspection not only addresses physical hazards, but also how work is performed. A supervisor and a worker will inspect the workplace.

(Specify intervals at which inspections will be performed — typically once a month or at other intervals that prevent the development of unsafe working conditions. It is useful to inspect the workplace before a staff meeting so that results can be discussed with staff.)

Correction of unsafe conditions

Serious hazards or unsafe work practices that are discovered during inspections or observed by workers or management will be dealt with immediately. Other hazards will be dealt with as soon as possible.

Investigation of incidents

A supervisor and a worker should investigate any injury or close call on the same day it occurs. Any incident that results in an injury requiring medical treatment, or that had the potential for causing serious injury, must be investigated immediately. The purpose of an investigation is to find out what went wrong, determine if health and safety practices were faulty, and most importantly, recommend actions that will prevent a recurrence of the problem.

First aid

This workplace keeps a *(type)* first aid kit in the *(location)*.

(Specify name of first aid attendant if one is required. Also provide the applicable ambulance and hospital phone numbers.)

Emergency preparedness

- **Fire** — See the fire plan posted at *(location)*. Fire extinguishers are located at *(list locations)*. *(Names of employees)* are trained how to use them.
- **Earthquake** — An annual inspection will be conducted, focusing on objects that may pose a hazard during an earthquake. The exit and marshalling procedures are the same as for fires. *(Or, if not, note the location of earthquake procedures here.)*
- *(Note other emergency procedures, such as protection from violence, here.)*

Records and statistics

Accurate health and safety records provide an excellent gauge to determine how we are doing. The following records are maintained and will be reviewed annually: claims statistics, the first aid record book, completed inspection lists, occurrence investigations, MSDSs, and WCB inspection reports. These records are kept at *(location)*.

Medically related records will be handled in a manner that respects confidentiality.

Violence prevention program overview

Employers must provide a workplace as safe as possible from the threat of violence. The WCB requires that employers determine if there is a risk of violence on their premises, and if so, they must set up procedures to eliminate or minimize the risks to workers. Employers must instruct workers about the hazards of workplace violence and explain how they should respond to violence. Employers must also investigate and keep records of incidents of violence.

Items to consider in a risk assessment

A risk assessment should look at these characteristics of the workplace:

- The nature of interactions between workers and customers — money transactions, alcohol sales, security services
- The attributes of workers — training and experience, age and gender, appearance, health, personality and attitude
- The nature of the work environment — work location, staff complement, workplace layout, lighting and security provisions, hours of operation
- Past history of incidents in the workplace and similar operations — number or frequency, type and severity, time and location, job classification, attributes of the customer, nature of the interaction between the worker and the customer

What is workplace violence?

Incidents of violence include attempted and actual assaults and threatening statements and behaviour toward an employee, by anyone other than a co-worker. Such acts must give the employee reasonable cause to believe he or she is at risk of injury to be covered under the WCB violence requirements. These incidents may not necessarily occur at the workplace. They are considered workplace violence if they arise out of the worker's employment.

When is a risk assessment required?

A risk assessment is required if there is interaction between employees and persons other than co-workers, with a potential for threats or assaults.

How to do a risk assessment

Here is a simple way of conducting a risk assessment in hotels and restaurants of all sizes.

- Include all employees in small workplaces. Larger companies should gather as many employees as possible. Ensure that at least one employee from every site, section, and shift is present. Gather groups by section or job description, or include a representative from each. If your workplace is large enough to have a health and safety committee, its involvement is essential.
- Get the group to discuss the following three questions, asking each person to answer in turn:
  1. What violence have you been exposed to on this job?
  2. Do you know of violent incidents happening to others in similar jobs?
  3. What violence-related concerns do you have on this job?
- In a very large workplace you could supplement this process by sending all employees a form listing the three questions. The survey can be anonymous, but make sure employees list their job types, shifts, and location (for example, "waiter, night shift, coffee shop").
- List the answers on a chalkboard or a large sheet of paper. Summarize them. The results of this process will be a summary of the real and perceived risks at the worksite.

How to develop a violence prevention program

Use the results of the risk assessment to develop a program that addresses the specific needs of your company and workers. It should include the following:

Written policy

- Write a policy stating your company's overall approach to preventing violent incidents and outlining the responsibilities of managers, supervisors, and workers.

Written procedures

- Identify the steps to be taken to eliminate or minimize the risk of violent incidents.
- Develop written procedures and instructions to be followed by workers and supervisors. Consider workplace layout, lighting, entrances and exits, and the concerns identified in the risk assessment.

Risk assessments

- Provide for periodic risk assessments.
- Provide a means to document the risk assessments.
- Make the results available to workers.

Instruction of workers

- Make sure all workers — including new ones — are aware of the risks.
- Train all workers in safe work procedures.
- Ensure that all workers and supervisors follow these safe work procedures.

Response to incidents

- Instruct workers to report **all** incidents of violence to managers or supervisors and to complete a violent incident report form.
- Ensure that workers don't undertake hazardous activities unless they have been trained to do so without undue risk to themselves or other workers. This includes trying to apprehend robbers and shoplifters.
- Investigate incidents of violence to determine steps needed to avoid their recurrence. Review the effectiveness of current procedures. Take action on the steps needed to avoid recurrence.

Working alone

- Ensure that checks of all employees working alone are made at reasonable intervals.
- Provide workers with a means of communication for emergencies.

Program review

- Review your program periodically to identify new risks of injury to workers

Review of health and safety requirements is ongoing

The *Workers' Compensation Act* and the Occupational Health and Safety Regulation are subject to ongoing review to ensure that requirements address new hazards and workplace trends. Ongoing review could result in changes to legislation and new requirements.

The WCB keeps employers and workers informed about changes to requirements in many ways, such as announcements in local papers and its publications, including *WorkSafe* magazine and the WCB Web site. See page 58 for information on the Web site and on how to get on the mailing list for *WorkSafe* magazine.

For more information

For more information on how to set up a workplace violence prevention program, see the WCB publication *Take Care: How to Develop and Implement a Workplace Violence Prevention Program*. It contains a section of sample forms such as a Risk Assessment Summary Report, Policy Statement, and Violent Incident Report Form. To order a copy, contact the WCB Publications and Videos Section (see page 57).

RESOURCES

WCB resources

Prevention Information Line

The WCB Prevention Information Line answers questions on:

- Safety and health requirements
- Employer and worker responsibilities under the *Workers Compensation Act*
- General safety and hygiene topics
- First aid requirements
- Reporting an accident or incident

You can also call anonymously to report workplace health and safety concerns.

During business hours, call 604 276-3100, or call toll free 1 888 621-SAFE (7233). For after-hours and weekend emergencies, call 604 273-7711 or toll-free 1 866 922-4357 (WCB-HELP).

Accident and Injury Reporting System (AIRS)

AIRS is an electronic accident and injury reporting system that makes it easier and faster for employers to report accidents and injuries to the WCB. The system is designed for employers filing 30 or more claims per year. The WCB provides AIRS software, installation, training, and support at no cost. For more information, call the Prevention Information Line.

WorkSafe Education Network

To increase the accessibility of health and safety education and training, the WCB has partnered with B.C. educational institutions to provide community-based education courses. Most college campuses in B.C., the British Columbia Institute of Technology, the University of Northern B.C., and various school districts offer WorkSafe education courses. The courses available at time of publication are:

- Occupational Health and Safety in Small Business
- Hazard Recognition and Control
- Investigating and Controlling Sprains and Strains
- Joint Health and Safety Committee Training
- Supervisor Safety Management
- Preventing Workplace Violence

Other courses are in development. For more information, or to register for a WorkSafe course, call the campus in your area. Information is also available on the WCB Web site (see page 58).

Publications and videos

The WCB is one of North America's leading publishers of workplace safety materials. Many brochures, posters, and videos are free to B.C. workers and employers. Videos can be borrowed or purchased.

To receive the WCB Publications Catalogue, WCB Video Catalogue, or any publications or videos listed in the catalogues, contact the Publications and Videos Section:

Publications and Videos Section
Workers' Compensation Board of B.C.
6711 Elmbridge Way
Richmond BC V7C 4N1
Phone: 604 276-3068
Fax: 604 279-7406
Toll free: 1 800 661-2112, local 3068
E-mail: pubvid@wcb.bc.ca

Mailing address
Workers' Compensation Board of B.C.
PO Box 5350 Stn Terminal
Vancouver BC V6B 5L5

WorkSafe magazine

WCB's *WorkSafe* magazine provides health and safety news for the employers and workers of British Columbia. It is published bimonthly.

For your free subscription to this magazine, call 604 231-8690. Outside the Lower Mainland, call toll free 1 800 661-2112, local 8690. It is also available on the WCB Web site.

Publications on the Web

The Occupational Health and Safety Regulation and many other WCB publications are available at the WCB Web site. Visit www.worksafebc.com.

WCB library open to the public

The WCB library maintains a comprehensive collection of health and safety publications. You can browse information at the library or borrow publications through your local library's interlibrary loan service.

6951 Westminster Hwy
Richmond BC V7C 1C6
Phone: 604 231-8450
Fax: 604 279-7608
Toll free: 1 800 661-2112, local 8450
Open 8:30 to 4:30, Monday to Friday

Employers' advisers

The Employers' Advisers office is a branch of the Ministry of Labour. It is independent of the WCB. Employers' advisers provide assistance and advice to employers on workers' compensation legislation, decisions, appeals, and policies. Advisers conduct educational seminars for employers on many topics, such as the occupational health and safety requirements, claims management, and assessments. The Employers' Advisers have offices at several locations. Visit their Web site for up-to-date information: www.labour.gov.bc.ca/eao.

Richmond (head office)
Employers' Advisers, Compensation Advisory Services
4003 – 8171 Ackroyd Road
Richmond BC V6X 3K1
Phone: 604 660-7253
Fax: 604 660-7498
Toll free: 1 800 925-2233
E-mail: eao@eao-bc.org

Abbotsford: 604 870-5492
Toll free: 1 866 870-5492

Kamloops: 250 828-4397
Toll free: 1 866 301-6688

Kelowna: 250 717-2050
Toll free: 1 866 855-7575

Prince George: 250 565-4285
Toll free: 1 888 608-8882

Victoria: 250 952-4821
Toll free: 1 800 663-8783

Workers' advisers

The Workers' Advisers office is also a branch of the Ministry of Labour, independent of the WCB. Workers' advisers provide assistance and advice to workers who are having problems with WCB claims in B.C.

The Workers' Advisers can be contacted at these locations. Visit their Web site for up-to-date information: www.labour.gov.bc.ca/wab.

Richmond
Workers' Advisers,
Compensation Advisory Services
3000 - 8171 Ackroyd Road
Richmond, BC V6X 3K1
Phone: 604 660-7888
Fax: 604 660-5284
Toll free: 1 800 663-4261
E-mail: wao@wao-bc.org

Kamloops: 250 371-3860
Toll free: 1 800 663-6695

Nanaimo: 250 741-5504
Toll free: 1 800 668-2117

Victoria: 250 952-4393
Toll free: 1 800 661-4066

Prince George: 250 565-4280
Toll free: 1 800 263-6066

WCB offices

Visit our Web site at www.worksafebc.com

Abbotsford
2774 Trethewey Street V2T 3R1
Phone 604 276-3100
1 800 292-2219
Fax 604 556-2077

Burnaby
450 – 6450 Roberts Street V5G 4E1
Phone 604 276-3100
1 888 621-7233
Fax 604 232-5969

Coquitlam
104 – 3020 Lincoln Avenue V3B 6B4
Phone 604 276-3100
1 888 967-5377
Fax 604 232-1946

Courtenay
801 30th Street V9N 8G6
Phone 250 334-8745
1 800 663-7921
Fax 250 334-8757

Cranbrook
100 7th Avenue S. V1C 2J4
Phone 250 417-7934
1 800 663-4912
Fax 250 417-7972

Kamloops
321 Battle Street V2C 6P1
Phone 250 371-6003
1 800 663-3935
Fax 250 371-6031

Kelowna
110 – 2045 Enterprise Way V1Y 9T5
Phone 250 717-4313
1 888 922-4466
Fax 250 717-4380

Nanaimo
4980 Wills Road V9T 6C6
Phone 250 751-8040
1 800 663-7382
Fax 250 751-8046

Nelson
524 Kootenay Street V1L 6B4
Phone 250 352-2824
1 800 663-4962
Fax 250 352-1816

North Vancouver
100 – 126 E. 15th Street V7L 2P9
Phone 604 276-3100
1 888 875-6999
Fax 604 232-1500

Prince George
1066 Vancouver Street V2L 5M4
Phone 250 561-3700
1 800 663-6623
Fax 250 561-3710

Surrey
100 – 5500 152 Street V3S 5J9
Phone 604 276-3100
1 888 621-7233
Fax 604 232-7077

Terrace
4450 Lakelse Avenue V8G 1P2
Phone 250 615-6605
1 800 663-3871
Fax 250 615-6633

Vernon
3100 35 Avenue V1T 8Y8
Phone 250 545-1125
1 800 663-4452
Fax 250 558-5243

Victoria
4514 Chatterton Way V8X 5H2
Phone 250 881-3418
1 800 663-7593
Fax 250 881-3482

Head Office / Richmond
Prevention:
8100 Granville Avenue
Phone 604 276-3100
1 888 621-7233 (621-SAFE)
Administration:
6951 Westminster Highway
Phone 604 273-2266

Mailing Address:
PO Box 5350 Stn Terminal
Vancouver BC V6B 5L5

After Hours
Health & Safety Emergency
604 273-7711
1 866 922-4357 (WCB-HELP)